
Meet your new Freedom Blue PPO plan from Highmark.



Getting to know your Medicare Advantage Plan as a State of Delaware pensioner.

Important information regarding the Highmark Blue Cross Blue Shield Delaware Freedom Blue PPO Medicare Advantage plan for State of Delaware Pensioners in the Group Health Insurance Plan.



Because Life.™

Hi there.

This brochure contains your Highmark Blue Cross Blue Shield Delaware ("Highmark") Medicare Advantage plan information. Inside, you'll find an overview of Freedom Blue PPO, including an outline of your benefits, new perks, how to get started, and so much more.

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**Questions about how your Freedom Blue
PPO Medicare Advantage plan works?**

Call us at 1-888-328-2960 (TTY call 711),
8 a.m. – 8 p.m., seven days a week.

Let's go over a few things first.

Beginning January 1, 2023, the State of Delaware will offer only one Medicare plan option, the Freedom Blue PPO Medicare Advantage plan from Highmark Blue Cross Blue Shield Delaware. This plan is customized with benefits that are only available for those eligible for coverage from the State of Delaware.

Welcome

Freedom Blue PPO isn't just a typical Medicare Advantage plan. With this plan, you get the same benefits and coverage as:

- Original Medicare Parts A and B.
- The 2022 State of Delaware Special Medicfill Medicare Supplement plan, including \$0 copays and access to doctors and hospitals close to home, across the U.S. and worldwide (see page 15).
- Prescription drug coverage through SilverScript®.

Plus, you get great new plan features, like:

- A \$0 SilverSneakers® fitness program membership.
- \$0 meals delivered to you at home after hospital stays.
- A Medicare Advantage concierge team for exceptional customer service.
- Care management programs to help you improve and maintain your health.

Freedom Blue PPO makes it simple with all your medical benefits combined into one plan.

A few other important items to note:

- As of January 1, 2023, the State of Delaware will no longer offer the 2022 Special Medicfill plan.
- The State of Delaware will continue to offer Medicare Part D prescription drug coverage through SilverScript®.
- Open enrollment for State of Delaware retirees is October 3–24. Flip to page 22 to learn if you will be automatically enrolled in Freedom Blue PPO Medicare Advantage plan or if you need to take action to enroll.

Now, let's get started.

Summary of Benefits

Here's your Medicare Advantage plan in a nutshell.

Freedom Blue PPO

January 1, 2023, to December 31, 2023

Freedom Blue PPO is offered by Highmark BCBSD Inc., a Medicare Advantage Preferred-Provider Organization (PPO). This Summary of Benefits tells you some features of the plan. It doesn't list every service that we cover or every limitation or exclusion. A list of Freedom Blue PPO Medicare Advantage covered benefits is enclosed with this mailing. The Medical Benefits Chart will also be posted on the State of Delaware's website at **DelawarePensions.com**.

If you have any questions, call **1-888-328-2960** (TTY call 711), 8 a.m. – 8 p.m., seven days a week.

Enrollment in the Freedom Blue PPO Medicare Advantage plan will also be paired with enrollment in SilverScript®, the State of Delaware Medicare Part D prescription drug coverage.

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

Plan Deductible

There is no deductible for medical benefits.

A \$500 deductible applies only for use of fitness providers not contracted with SilverSneakers.

Freedom Blue PPO In-Network

None

Freedom Blue PPO Out-of-Network

Combined In- and Out-of-Network Out-of-Pocket Maximum

This is the most you'll pay out of pocket for covered Part A, Part B, and outpatient professional services outside of the U.S.

It excludes Private Duty Nursing cost share and any cost share for SilverSneakers.

\$1,000

Covered Medical and Hospital Benefits

Note:

Services with a 1 may require prior authorization.

Inpatient Hospital Care¹

(includes Substance Abuse and Rehabilitation Services)

Our plan covers an unlimited number of days for an inpatient hospital stay.

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

You pay: 0% coinsurance for each stay

You pay: 0% coinsurance for each stay

Outpatient Hospital/ Ambulatory Surgery Center¹

You pay: 0% coinsurance

You pay: 0% coinsurance

Doctor Office Visits

You pay: \$0 copay for a primary care physician visit

You pay: \$0 copay for a primary care physician visit

You pay: \$0 copay for a specialist visit

You pay: \$0 copay for a specialist visit

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

	Freedom Blue PPO In-Network	Freedom Blue PPO Out-of-Network
Preventive Services 	<p>You pay: \$0 copay</p> <p>Our plan covers many preventive services, including:</p> <p>abdominal aortic aneurysm screening, alcohol misuse counseling, bone mass measurement, breast cancer screening (mammogram), cardiovascular disease (behavioral therapy), cardiovascular screenings, cervical and vaginal cancer screening, colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, HIV screening, medical nutrition therapy services, obesity screening and counseling, prostate cancer screenings (PSA), sexually transmitted infections screening and counseling, tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease), vaccine (including flu shots, hepatitis B shots, and pneumococcal shots), “Welcome to Medicare” preventive visit (one time), yearly “wellness” visit.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	
Emergency Care You may go to any emergency room if you reasonably believe you need emergency care.	<p>You pay: \$0 copay for each emergency room visit</p> <p>This includes worldwide coverage for emergency and urgently needed care.</p>	
Urgent Care This is not emergency care.	<p>You pay: \$0 copay</p>	
Diagnostic Tests, Lab, Radiology Services¹ Such as MRIs ,CT scans, X-rays, laboratory tests, and outpatient diagnostic tests.	<p>You pay: 0% coinsurance for lab/diagnostic services in a physician's office or independent lab</p> <p>You pay: 0% coinsurance for lab/diagnostic services in an outpatient facility</p> <p>You pay: 0% coinsurance for standard imaging services</p> <p>You pay: 0% coinsurance for advanced imaging services</p> <p>You pay: \$0 copay for therapeutic radiology services</p>	<p>You pay: 0% coinsurance for lab/diagnostic services in a physician's office or independent lab</p> <p>You pay: 0% coinsurance for lab/diagnostic services in an outpatient facility</p> <p>You pay: 0% coinsurance for standard imaging services</p> <p>You pay: 0% coinsurance for advanced imaging services</p> <p>You pay: 0% coinsurance for therapeutic radiology services</p>
Hearing Services Medicare-covered exam to diagnose and treat hearing and balance issues.	<p>You pay: \$0 copay</p>	<p>You pay: \$0 copay</p>

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

Freedom Blue PPO In-Network

Freedom Blue PPO Out-of-Network

Note:

Services with a 1 may require prior authorization.

Dental Services¹

Preventive dental services (such as cleaning) not covered.

Authorization rules may apply for Medicare-covered accidental dental services.

You pay: \$0 copay for Medicare-covered dental visits

You pay: \$0 copay for Medicare-covered dental visits

Vision

Medicare-covered exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening).

You pay: \$0 copay

\$200 benefit maximum applies to upgrades to post cataract surgery eyewear that are not medically necessary. Benefit maximum is available following cataract surgery once per operated eye.

You pay: \$0 copay

\$200 benefit maximum applies to upgrades to post cataract surgery eyewear that are not medically necessary. Benefit maximum is available following cataract surgery once per operated eye.

Mental Health Care¹

Office visit copays do not apply to the annual deductible.

You pay: 0% coinsurance for an inpatient stay

You pay: \$0 copay for an outpatient group therapy visit

You pay: \$0 copay for an outpatient individual therapy visit

Covered services include mental health care services that require a hospital stay. There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.

You pay: 0% coinsurance for an inpatient stay

You pay: \$0 copay for an outpatient group therapy visit

You pay: \$0 copay for an outpatient individual therapy visit

Skilled Nursing Facility (SNF)¹

Medicare-certified skilled nursing facility

You pay: 0% coinsurance per admission for days 1–100

No prior hospital stay is required.

You pay: 0% coinsurance per admission for days 1–100

No prior hospital stay is required.

Physical Therapy¹

You pay: \$0 copay for Medicare-covered physical therapy visits

You pay: \$0 copay for Medicare-covered physical therapy visits

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

Freedom Blue PPO In-Network

Freedom Blue PPO Out-of-Network

Note:

Services with a 1 may require prior authorization.

Ambulance Services¹

Medically necessary ambulance services

You pay: \$0 copay

You pay: \$0 copay for emergency ambulance services

You pay: \$0 copay for nonemergency ambulance services

Part B Drugs¹

Drugs covered under Medicare Part B. See Page 13 for more information on Medicare Part B drugs.

You pay: 0% coinsurance

You pay: 0% coinsurance

Acupuncture

Medicare-covered acupuncture visits, up to 12 visits in 90 days for chronic low back pain.

You pay: \$0 copay for Medicare-covered acupuncture visits

You pay: \$0 copay for Medicare-covered acupuncture visits

Chiropractic Care¹

Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part).

You pay: \$0 copay

You pay: \$0 copay

Diabetes Supplies and Services¹

Includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes

You pay: 0% coinsurance

You pay: \$0 copay for diabetes self-management training

You pay: 0% coinsurance

Durable Medical Equipment¹

Includes wheelchairs, prosthetics, oxygen, etc.

You pay: 0% coinsurance for durable medical equipment

You pay: 0% coinsurance for oxygen and oxygen supplies

You pay: 0% coinsurance for durable medical equipment

You pay: 0% coinsurance for oxygen and oxygen supplies

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

Freedom Blue PPO In-Network

Freedom Blue PPO Out-of-Network

Note:

Services with a 1 may require prior authorization.

Foot Care (podiatry services)

Medicare-covered exams. Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.

You pay: \$0 copay

You pay: \$0 copay

Home Health Care¹

You pay: 0% coinsurance

You pay: 0% coinsurance

Outpatient Rehabilitation¹

Cardiac Rehabilitation Occupational Therapy, Physical Therapy, Speech and Language Therapy

You pay: \$0 for cardiac (heart) rehabilitation services

You pay: \$0 copay for Medicare-covered occupational, physical, speech, and language therapy visits

You pay: 0% coinsurance for cardiac (heart) rehabilitation services

You pay: 0% coinsurance for Medicare-covered occupational, physical, speech, and language therapy visits

Renal Dialysis

Services to treat kidney disease

You pay: \$0

You pay: 0% coinsurance

Wellness/Education and Other Supplemental Benefits and Services

The plan covers the following supplemental education/wellness programs: SilverSneakers membership/fitness classes.

You pay: 50% of the cost for out-of-network health/wellness services after a \$500 deductible

Hospice

You pay: \$0 copay for hospice care from a Medicare-certified hospice

You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

Private Duty Nursing

When inpatient in an acute hospital

You pay: 20% up to 240 hour maximum

2023 FREEDOM BLUE PPO SUMMARY OF BENEFITS

Freedom Blue PPO In-Network

Freedom Blue PPO Out-of-Network

Foreign Travel Inpatient Facility

Care received outside of the U.S. which is not covered by Medicare but which meets Medicare criteria for inpatient care within the U.S. (maximum of 150 days/year). Services must be approved by Highmark.

You pay: \$0

Please submit a claim to Highmark for reimbursement for all Foreign Travel covered services.

Foreign Travel-Outpatient Facility

Services not covered by Medicare because they were received outside of the U.S. (but which would otherwise be defined by Medicare as covered services). Services must be approved by Highmark.

You pay: \$0

Please submit a claim to Highmark for reimbursement for all Foreign Travel covered services.

Foreign Travel Professional Provider

Services not covered by Medicare because they were received outside of the U.S. (but which would otherwise be defined by Medicare as covered services).

You pay: \$0 for emergency/urgent services

You pay: 80% for routine services plus any amount exceeding the allowed amount

Please submit a claim to Highmark for reimbursement for all Foreign Travel covered services.



**Questions about how your Freedom Blue
PPO Medicare Advantage plan works?**

Call us at 1-888-328-2960 (TTY call 711),
8 a.m. – 8 p.m., seven days a week.

Prescription drug coverage

Medicare Part D prescription drug coverage

When you enroll in the Freedom Blue PPO Medicare Advantage plan, you'll also be enrolled in SilverScript®, the State of Delaware Medicare Part D prescription drug coverage. To learn more, call **1-844-757-0448**, 24 hours a day, 7 days a week, or visit **caremark.com**.

Drugs covered under Medicare Part B

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs.

- **Some antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alfa or Epogen®):** By injection if you have end stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia clotting factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable drugs:** Most injectable drugs administered during a physician's visit.
- **Immunosuppressive drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some oral cancer drugs:** If the same drug is available in injectable form.
- **Oral anti-nausea drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and infusion drugs provided through durable medical equipment (DME).**

Provider Information

Where you can go for quality care.

Finding the right doctor for you



Freedom Blue PPO provides access to any doctor, specialist, hospital, or other medical provider who is eligible to participate in Medicare.

You can choose from a national network of Blue Cross Blue Shield Medicare Advantage PPO providers close to home and anywhere in the U.S. And you can see doctors and use hospitals outside of the network too. Your providers must be eligible to participate in Medicare and accept the Freedom Blue PPO plan. Your benefits and coverage levels are the same for medically necessary covered benefits in and out of the network.

Freedom Blue PPO MA cannot pay for services from providers who are not eligible to participate in Medicare, except in emergency situations. Health providers within our network can change from time to time. Before receiving care from providers outside the network, call **1-888-328-2960**, 8 a.m. – 8 p.m., seven days a week (TTY call 711).

Our medical review committee carefully screens our health care providers to meet strict criteria before they join our network. We take these steps regularly to ensure we continue offering high-quality care.

Freedom Blue PPO also offers a foreign travel benefit. You're covered for the same Medicare-defined covered services outside the U.S. in the same way you're covered within the U.S.

No referrals for care

Just like with your 2022 Special Medicfill plan, you don't need referrals. Your doctor will need to get approval from Highmark Blue Cross Blue Shield Delaware before you receive care for certain services like inpatient hospital stays. Specific services that need prior authorization are marked with a 1 on your Benefits Summary. See page 6 for details.

Need a doc? Highmark is here to help.

Whether you need questions answered, help finding an in-network provider or looking for a provider directory, or want an appointment booked for you, your dedicated Highmark Medicare Advantage concierge team can do it all.

Call us at **1-888-328-2960** (TTY call 711), 8 a.m. – 8 p.m., seven days a week.

You can always use our online directory, too.

National provider search:

1. Visit highmarkbcbsde.com/find-a-doctor.
2. Click **National Doctor and Hospital Finder** located under **Other Helpful Searches**. This will open in a new browser window.
3. Click **Choose a Location and Plan**.
4. Enter the address, city, or ZIP code where you want a list of providers.
5. Instead of entering the plan prefix, click **Browse a list of plans** at the bottom of the section.
6. Under Medicare Advantage PPO, select **Delaware, Blue Cross and Blue Shield**.
7. Confirm your selection.
8. Enter the provider's name, or provider type, you're looking for and click **Search**.

Health and Wellness

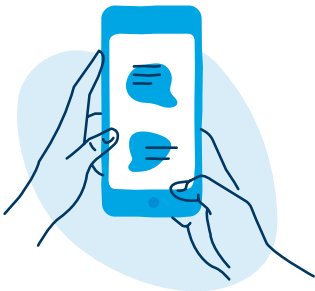
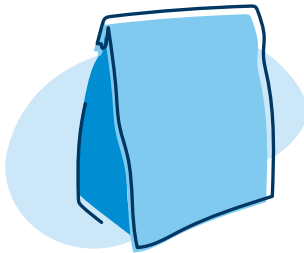
How to find care, get care, and stay healthier.



**Questions about how your Freedom Blue
PPO Medicare Advantage plan works?**

Call us at 1-888-328-2960 (TTY call 711),
8 a.m. – 8 p.m., seven days a week.

Extra perks to make the most of your new plan.



FITNESS

\$0 exercise and wellness membership through SilverSneakers®.

Stay active with access to over 15,000 nationwide locations. You can participate in several programs, classes, and group activities. And if you can't get to a gym, at-home kits bring the fitness to you. Visit silversneakers.com.

POST-DISCHARGE MEAL SERVICE BENEFIT

\$0 meals delivered to your home after hospital stays.

Get up to 28 meals delivered during the first two weeks after you get home from a hospital stay.

HIGHMARK HOUSE CALL

Once-a-year, in-home health review.

Get a general wellness exam, suggestions for screenings or other tests, and a medicine review. Call Member Service at **1-888-328-2960** (TTY users call 711) to schedule a house call.

VIRTUAL VISITS

Face-to-face with your doctor, 24/7.

You're covered if you would like to see your doctor virtually. If they offer virtual visits, you can get a diagnosis, treatment plan, or prescription any time, right from your phone or computer. And it's all at no additional cost.



TRAVEL BENEFITS (PPO)

Coverage that travels with you.

With shared access to many Blue Plans' Medicare Advantage networks across the country, and around the world, you don't have to worry about finding in-network coverage away from home. Happy trails.



CLINICAL CARE TEAM

We always have your back.

With Highmark, you never have to face health issues alone. If you need a hand managing a condition, we'll work with you to help you stay healthy, manage medical expenses, and coordinate the care you need.



BLUES ON CALLSM

Answers from a health pro, 24/7.

Medical concerns during off hours? Just call **1-888-BLUE-428** (TTY users call 711) to get support from a registered nurse or a health coach any time and put your worries to bed.



HIGHMARK WELLNESS REWARDS

Get rewarded for taking care of yourself.

You're automatically enrolled in preventive-care-based reward and wellness card programs available to all Highmark Medicare Advantage members. Stay healthy, have fun, and earn rewards.



BLUE365SM

Makes living well more affordable.

Blue365 is a free health and wellness discount program. You'll find year-round discounts on hearing and vision support, fitness gear, healthy eating options, and more. Visit blue365deals.com to learn more.

Enrollment

Everything you need to know to get started.

Pre-enrollment checklist

The checklist below is designed to help you make decisions about your coverage.

Understanding the benefits

- ☐ Review the Summary of Benefits starting on page 4 and the list of covered benefits enclosed with this mailing. Pay special attention to services that you routinely see a doctor for. The list will also be available on the State of Delaware's website, [DelawarePensions.com](https://www.DelawarePensions.com).
- ☐ Use the Find a Doctor tool at highmarkbcbsde.com/find-a-doctor to make sure the doctors you see are in the Freedom Blue PPO Medicare Advantage plan network. But remember, your coverage is the same both in and out of the network. You can also call the Highmark concierge team at **1-888-328-2960**.
- ☐ Medicare benefits may change on January 1, 2024. Any Medicare benefits that change will be included in the Freedom Blue Medicare Advantage PPO plan.
- ☐ Medicare Part D coverage is not part of your Highmark Medicare Advantage plan. Medicare Part D prescription drug coverage will continue to be offered through SilverScript®.

About Original Medicare

- ☐ You are eligible to join Freedom Blue PPO if you are entitled to Medicare Part A and enrolled in both Parts A and B.
- ☐ In addition to your monthly plan premium (if any), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Freedom Blue PPO allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. See page 15 or call **1-888-328-2960**, 8 a.m. – 8 p.m., seven days a week (TTY call 711) to learn more.

Your plan and Original Medicare

Freedom Blue PPO offers all the same benefits that Original Medicare offers. Original Medicare benefits may change from year to year. Go online at [medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week (TTY users should call **1-877-486-2048**) to:

- Learn more about Original Medicare's coverage and costs by looking in the "Medicare & You" handbook.
- Compare Freedom Blue PPO to Original Medicare using your Summary of Benefits.

Starting your new plan is simple. Open Enrollment for the State of Delaware is **Monday, October 3 — Monday, October 24, 2022.**

This is the only time you can make decisions about your health care coverage that will start on January 1, 2023. Whether you'll be automatically enrolled, or if you need to take action to enroll in the Freedom Blue PPO Medicare Advantage plan, depends on your current enrollment status.

enrollment status

1

If you're enrolled in the 2022 Special Medicfill Medicare Supplement plan and you have the State of Delaware Medicare Part D prescription drug coverage through SilverScript:

**No need to do anything.
You're all set.**

You'll be automatically enrolled into the new Freedom Blue PPO Medicare Advantage plan for coverage to start January 1, 2023. Your SilverScript prescription drug coverage will continue for 2023.

If you do not want the new Freedom Blue PPO Medicare Advantage plan with SilverScript prescription drug coverage for 2023, you can opt out. But remember, this is the only plan offered by the State of Delaware for 2023. You should not opt out of the new plan if you only have health and prescription coverage through the State. You can not enroll in coverage for 2023 outside of this open enrollment period. Call the office that manages your retiree benefits to learn more. We've listed phone numbers on the next page.

enrollment status

2

If you're enrolled in the 2022 Special Medicfill plan, but do not have SilverScript prescription drug coverage:

**You must take action to enroll in
Freedom Blue PPO and SilverScript.**

Call the office that manages your retiree benefits to learn more and enroll.

enrollment status

3

If you've waived all 2022 retiree medical and pharmacy coverage offered by the State of Delaware:

You can enroll in coverage that starts in 2023.

Call the office that manages your retiree benefits to learn more and enroll.

Call the office that manages your retiree benefits **before October 24** to enroll or opt out.



Office of Pensions	1-302-739-4208 or 1-800-722-7300
City of Dover	302-736-7790
City of Rehoboth Delaware	302-722-8194
Delaware Transit Corporation (DART)	302-576-6082
Delaware State Housing Authority	302-739-0260
Town of Smyrna	302-389-2320
University of Delaware	302-831-2171

FAQs and Reference

Answers to your questions, helpful definitions,
and all the fine print.

Questions about your plan? We have answers.

Is Freedom Blue PPO a Medicare Supplement?

No, Freedom Blue PPO is a Medicare Advantage PPO, not a Medicare Supplement. Your new group Medicare Advantage PPO plan is customized with benefits available only for those eligible for coverage from the State of Delaware.

Am I still covered by Original Medicare Parts A and B?

Yes. To be enrolled in a Medicare Advantage plan, you must still have Medicare coverage, but now it's through your plan. You don't pay Original Medicare deductibles and coinsurance, and you have extra benefits and services. You'll continue to pay your Medicare Part B premium.

Can I enroll in other individual or group Medicare Advantage or Medicare Part D prescription coverage in addition to Freedom Blue PPO?

No. The Centers for Medicare & Medicaid Services (CMS) allows enrollment in only **one** qualified Medicare Advantage and corresponding Part D prescription drug plan. Enrollment in another plan will terminate coverage with the Freedom Blue PPO and SilverScript prescription drug plan.

If you're enrolled in another Medicare Advantage or Medicare Part D prescription drug plan, call the office that manages your retiree benefits to discuss your options. See the chart on page 23 for a list of phone numbers.

What about my ID card?

Enrollment in a Medicare Advantage plan means you'll no longer have to present your red, white, and blue Medicare card for care. But, be sure to hang on to it.

After you enroll, you'll receive a new Freedom Blue PPO Medicare Advantage ID card from Highmark Blue Cross Blue Shield Delaware in December 2022. This is the only medical plan ID card you'll need to use for all medical care starting January 1, 2023. And be sure to let your doctors know you have new Medicare Advantage coverage.

If you're currently enrolled in the 2022 Special Medicfill plan with prescription drug coverage, you'll continue to use your current SilverScript prescription drug coverage ID card for medications.

If not, you'll receive a SilverScript prescription drug coverage ID card in December 2022, after you enroll for coverage.

How can I learn more about the changes effective January 1, 2023?

We're offering in-person Open Enrollment meetings in October. For dates and times, visit **DelawarePensions.com**.

Information and updates on this important change in State of Delaware Medicare benefits effective January 1, 2023, can also be viewed at **DelawarePensions.com**.

Am I affected by IRMAA?

Fewer than 5% of Medicare members are impacted by IRMAA, Medicare's income-related monthly adjustment amount. If your modified adjusted gross income (MAGI) as reported on your IRS tax return is above a certain amount, you'll pay an extra fee in addition to your monthly plan premium. For more information, visit **medicare.gov/your-medicare-costs**.

What are my protections in the plan?

All Medicare Advantage plans agree to stay in the Medicare program for a full year at a time. Each year, plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of Freedom Blue PPO, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision.

Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state.

Our scorecard is on the way.

Every year, the Medicare program rates how well plans perform in different categories – such as member satisfaction and customer service. Because it's brand new, the Freedom Blue PPO plan hasn't received a rating yet.

Once we get our scorecard, we'll be sure to share it with you. Once available, you can also call us for a copy of the ratings at **1-888-328-2960** (TTY call 711), 8 a.m. — 8 p.m. seven days a week.

Health care lingo, translated

When you're reviewing your plan, you're bound to see certain terms over and over. Here's a cheat sheet for a few of the most important ones.

PREMIUM

The monthly amount paid so you have coverage, in addition to your Medicare Part B premium.

DEDUCTIBLE

The set amount you pay for a covered health service before your plan starts paying.

COPAY

The set amount you pay for a covered service. See your Summary of Benefits to check your copay amounts.

PLAN ALLOWANCE

The set amount your plan will pay for a covered health service, even if your provider bills for more.

COINSURANCE

The percentage owed for some covered services. For example, if your plan pays 80%, you pay 20%.

OUT-OF-NETWORK PROVIDER

A doctor or hospital that does not participate with your plan's network.

IN-NETWORK PROVIDER

A doctor or hospital that participates with your plan's network.

MAXIMUM OUT-OF-POCKET

The most you'd pay for covered care. If you hit this amount, your plan pays 100% after that.

There's a whole lot of legalese around this Medicare plan. We put it all in one place for you.

This information is not a complete description of benefits. For more information, please call Highmark Blue Cross Blue Shield Delaware Customer Service at 1-888-328-2960 (TTY/TDD users may call 711), 8 a.m.-8 p.m., Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday.

For more information about Medicare, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week. Or visit [medicare.gov](https://www.medicare.gov).

This document may be available in other formats such as Braille, large print, or other alternate formats. This document may be available in a non-English language. For additional information, call Customer Service at 1-888-328-2960.

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield Delaware (HMK BCBS DE) is an independent licensee of the Blue Cross Blue Shield Association.

Highmark BCBSD Inc. is a PPO plan with a Medicare contract. Enrollment in Highmark BCBSD Inc. depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Freedom Blue PPO members except in emergency situations.

Please call our customer service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services

All references to "Highmark" in this document are references to the Highmark company that is providing the member's health benefits or health benefit administration.

SilverSneakers is a registered mark of Tivity Health, Inc. Tivity Health, Inc., is a separate company that administers the SilverSneakers program.

SilverScript® Employer PDP sponsored by State of Delaware (SilverScript) is the prescription drug plan for retirees and their covered dependents who are eligible for Medicare.

This prescription drug plan is provided by SilverScript Insurance Company. State of Delaware has contracted separately with SilverScript Insurance Company for the prescription drug plan, which is not a Blue Cross or Blue Shield product.

Blue365 is a registered mark of the Blue Cross Blue Shield Association.

Blues On Call is a service mark of the Blue Cross Blue Shield Association.



We know this is a lot of information.

We're only a phone call away to answer any questions you have. Call us at **1-888-328-2960** (TTY call 711), 8 a.m. — 8 p.m., seven days a week.

Discrimination is Against the Law

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY:711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。请拨打您的身份证背面的号码（TTY：711）。

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આવેલા નંબર પર ફોન કરો (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवा उपलब्ध है। आपके सदस्य पहचान (ID) कार्ड के पीछे दिए गए नंबर पर फोन करें। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

గమనిక: మీరు తెలుగు మాట్లాడితే, లాగ్ వేజ్ అసెస్మెంట్ సర్వీస్, ఛార్జ్ లేకుండా, మీకు అందుబాటులో ఉన్నాయి. మీ మెంబర్ ఐడెంటిఫికేషన్ కార్డు (ఐడి) వెనుక ఉన్న నంబరుకు కాల్ చేయండి (TTY: 711).

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

